This Bulletin update contains the following articles: April 1, 2005

LEGISLATION OF INTEREST UPDATE 07: Veterans bills, Resolutions, and Amendments related to legislation introduced in the 109th Congress not noted in previous Legislation of Interest Updates:

S.614 (Sen. Arlen Specter, R-PA) would allow Medicare-eligible veterans who are not otherwise eligible for VA health care and services to have prescriptions filled at VA pharmacies for a fee not yet determined.

S.639 (Sen. Jon Corzine, D-NJ) would lower the age of reserve retirement eligibility from 60 to 55. Companion bill to HR.783

H.R.558 (Rep. Tom Latham, R-IA) would amend title 10, United States Code, to expand health care benefits to all members of the Guard/Reserve and their families, and revise the age and service requirements for eligibility to receive retired pay for non-regular service. House counterpart to S.337.

HR.756 (Rep John Culberson, R-TX) would exempt military pay and benefits, except for retired pay, from taxation.

HR.783 (Rep. Jim Saxton, R-NJ) would lower the age of reserve retirement eligibility from 60 to 55.

H.R.808 (Rep. Henry Brown, R-SC) would end the dollar-for-dollar deduction of Dependency and Indemnity Compensation (paid by the VA when the member's death is due to service-caused conditions) from the survivor's military SBP annuity.

HR.848 (Rep Scott GARRETT, R-NJ) would allow the standard combat-zone tax exemption for troops in Iraq to include any income by a spouse paid during the period of deployment, making a family's entire income free from federal tax.

H.R.968 (Rep. Jim Saxton, R-NJ) would change the effective date of 30-year, paid-up SBP from Oct 1, 2008 to Oct 1, 2005. House counterpart to S.185.

H.R.1268 (Rep. Terry Everett, R-AL) FY2005 Emergency Supplemental Appropriations Act would increase the military death gratuity to $100,000 and maximum Servicemembers' Group Life Insurance (SGLI) coverage to $400,000. Currently coverage's are limited to $12,000 and $250,000, respectively. The House approved H.R. 1268 during the week of 13 MAR including a survivor benefits increase for families of members killed on active duty. House counterpart to S.77.

H.R.1366 (Rep. Bilirakis, R-FL) would expand CRSC to those who were medically retired with less than 20 years of service. The same CRSC rules would then apply for all Chapter 61 retirees regardless of years of service. The proposed effective date of the legislation is 1 JAN 06.

You can track cosponsorship, current status, and other information on selected bills of interest on MOAA's Web site at: http://capwiz.com/moaa/issues/bills/.

By entering your ZIP code, you can locate your legislators and send them personal or suggested messages urging support or nonsupport. You can also track bills at http://thomas.loc.gov/ by entering the bill number into the box at the left that will appear after opening the site. [Source: Various 29 MAR 05]

CRSC UPDATE 28: Concurrent receipt champion Rep. Mike Bilirakis (R-FL) has introduced a new initiative (H.R. 1366) to help address a long-standing inequity affecting disabled members who were forced to retire from service before serving 20 years because of combat- or operations-related conditions (i.e Chapter 61 retirees). Currently, only members who served long enough to retire independent of any disability are eligible for Combat-Related Special Compensation (CRSC). Presently, those who were medically retired short of 20 years have to forfeit $1 of military retired pay for each $1 they receive in VA disability compensation. This legislation would ensure combat-wounded members receive the retired pay they earned by service. It would exempt from the VA offset an amount of retired pay equal to 2.5% of their highest 3-year average basic pay times years of service. For example, it would provide a member who is disability retired for combat wounds with 15 years of service at least 37.5% of high-3 average basic pay from the Defense Department in addition to his or her VA disability compensation. This legislation is important to help address a current inequity whereby a member with 20 years of service and a 10% combat-related disability from the VA doesn't have VA compensation for that disability deducted from retired pay, but a member who is 100% disabled from combat wounds and medically retired at 19 years and 6 months suffers the full VA offset. [Source: MOAA Leg Up 18 MAR 05]

SGLI UPDATE 05: By a 388-43 vote the House has approved its version of the FY2005 Emergency Supplemental Appropriations Act (H.R. 1268) including a survivor benefits increase for families of members killed on active duty. The Act would increase the military death gratuity to $100,000 and maximum Servicemembers' Group Life Insurance (SGLI) coverage to $400,000. Currently those coverages are limited to $12,000 and $250,000, respectively. The House-approved plan would provide retroactive benefit increases to survivors of certain members killed on active duty since 7 OCT 01 -- the official start date of the war on terrorism. It envisions paying the additional $88,000 death gratuity to families of members whose death on active duty was a direct result of an injury or illness...incurred in Operation Enduring Freedom or Operation Iraqi Freedom, as determined under regulations prescribed by the Secretary of Defense. The additional $150,000 insurance coverage (in the form of a "special death gratuity") would be paid to families of members who died as a direct result of illness or injury incurred "in performance of military duty" as determined by the Secretary of Defense. Military officials queried regarding having to make determinations are concerned about the prospect of being forced to make hair-splitting decisions in defining what deaths meet the "performance of duty" criteria - such as how to determine whether a heart attack suffered in bed was a result of the stress of military duty. Fraternal military organizations and uniformed service leaders had urged Congress to authorize the benefits for all members who died "in the line of duty" -- the more traditional rules that assume active-duty deaths are duty related in the absence of misconduct or other disqualifying circumstances. The Senate is expected to take up action on the supplemental appropriations measure soon. [Source: MOAA Leg Up 18 MAR 05]

VA BUDGET 2006 UPDATE 03: The Bush administration has maneuvered new support in their effort to reduce the government's veteran expense. In January, Republican leaders removed Rep. Christopher Smith (R-N.J.) as committee chairman for being too close to veterans groups, too supportive of expanding benefits and too dismissive of Bush administration plans to slow VA spending and impose fees on low-priority veterans. His replacement Rep. Steve Buyer (R-Ind) says the medical and rehabilitation needs of a new generation of war veterans leave him more certain than ever that Congress erred in 1996 when it opened VA healthcare to any veteran willing to pay modest fees. A decade ago, in the wake of a Persian Gulf War that saw relatively few U.S. casualties, the VA went back to worrying about an aging patient population and under-used VA clinics and hospitals. Those concerns, along with wishful thinking about the VA billing employer-provided insurance plans for the cost of care, led Congress to open VA facilities to veterans neither poor nor disabled. Time has shown that to be a mistake. Today the VA has $3 billion in uncollected debt for healthcare rendered which insurance companies have not paid. With oversight responsibility now for the second largest department in government, Buyer said he has three short-term priorities:

-- Re-focus VA healthcare on its "core constituency" of service-disabled, indigent and special-needs veterans.
-- Develop a "seamless transition" process for veterans moving from active duty to VA care. So far more than 10,000 have been wound in Iraq and Afghanistan and as many as 100,000 could have Post-Traumatic Stress Disorder, Buyer said. "The VA needs to prepare to receive them."
-- Improve VA rehabilitation and vocational training to ensure that even the most severely injured veterans return to rewarding lives.

To meet these priorities:

--He expects a new bipartisan Veterans' Disability Benefits Commission to review whether Congress went too far on allowing concurrent receipt of military retirement and VA disability payments. Buyer said that as chairman of the House subcommittee on military personnel a few years ago, he found $25 million to lift the concurrent receipt ban only for 100%, combat-disabled retirees. Little did he realize that his care and concern would be so enveloped by politics and the ban quickly lifted to benefit a few hundred thousands retirees, many having no combat-related disability.
-- He expects the commission to consider whether to change the way disability ratings are set or to tighten the definition of "service-connected" injuries or ailments. There is something bothersome in the system where you can have a soldier blow out his knee from a roadside bomb and end up with a disability that's the same as a guy who blew out his knee sliding into home plate at church league softball on Sunday. He questions whether that type of disability system t is just and fair.
-- He would not assure current veterans with disability ratings that they will be excluded from commission recommendations and believes everything should be on the table.
-- He wants considered offering lump-sum payments to veterans with disabilities rated 20% or less, as settlement of all future compensation claims. He feels part of the problem is there's gamesmanship in the system whereby veterans consistently, over their lifetimes, keep re-applying for their ratings, trying to get bumped up higher and higher.
-- He feels veterans' organizations that claim that all veterans earned the right to VA healthcare, and use what he sees as inflammatory rhetoric to knock proposals to raise fees on non-poor, non-disabled veterans, are abandoning values like duty and sacrifice

under which veterans served.[Source: Military Update Tom Phillpotts article 10 MAR 05 www.fra.org/mil-up]

VA BUDGET 2006 UPDATE 04: On 7 FEB 05 President Bush's administration released its budget request for fiscal year 2006, which would add just $101 million more for VHA than last year's appropriation. The amount would be an increase of less than half of one percent; far below the 12 to 14% the VA itself testified is necessary to offset inflation and the rising cost of health care. Because the proposed increase is so small and comes at a time of rapidly rising costs, the budget includes a number of maneuvers to alleviate the impact by placing some of the financial burden on veterans. For the third year in a row, the Bush budget proposal included a plan to implement a $250 user fee for Category 7 and 8 veterans and to increase prescription co-payments from $7 to $15. This year's proposal also requires VA to identify and implement an additional $590 million worth of management efficiencies. In plain language, implementing management efficiencies means VA must maintain the same level of productivity with half a billion fewer dollars. User fees and co-payments are nothing more than an attempt to make veterans pay for health care they have already earned. Every time such cost-transferal proposals have been made, the veterans' organizations have voiced complete opposition. In response to these objections, both the Senate and the House of Representatives have always rejected the President's proposals. However, the setting has changed with new House and Senate Veterans Affairs committee chairmen Rep. Steve Buyer (R-Ind). He has already stated his support to focus resources on fewer veterans. A medical system that only treats the sickest of the sick and the poorest of the poor is not sustainable and would be undesirable. In the end, it would seriously erode the quality of care for today's and tomorrow's veterans. The Bush proposal portends other dismal changes. VA indicates that it will call for a staff reduction of 3,712 employees in medical care. Federal funding for state-run veteran homes that provide long-term care will be eliminated, and reduced budgets for VA-run nursing homes will require the elimination of approximately 5,000 beds. Although the budget plan would not push out any veterans currently residing in nursing homes, VA officials said that the cut to long-term care reflects an 18% increase in "non-institutional" care funding because veterans increasingly are choosing home care. DAV and other organizations encourage every member, and anyone concerned about the reduction of veterans' benefits, especially during a time of war, to contact their elected officials and express outrage that the men and women who have fought for our country cannot know with certainty that a reliable VA health care system will be available in the future to obtain benefits and health care.

The House and Senate each moved one step closer towards finalizing the 2006 fiscal year Budget Resolution when they approved their separate versions of the budget. Negotiators from the House and Senate must now come together to work on one final version of the bill. The House bill, which was approved on a 218-214 vote, still falls short of veteran organization's goal of a $3.4 billion increase in veterans' health care. However, it does not include either the proposed $250 yearly enrollment fee or the increased prescription drug copayment. The Senate version passed by a narrow 51-49 vote and also rejects the prescription drug increase and the enrollment fee. It increases spending for veterans health care by $1.2 billion over last year's funding level, thanks to an amendment by Senators John Ensign and Larry Craig which increased funding. Four Senators voted against that amendment. To see the vote on the Senate's amendment and bill refer to: http://tinyurl.com/6la3j . At http://clerk.house.gov/evs/2005/roll088.xml

can be seen the House bill vote. The next step for the budget is a conference committee. Members of the House and Senate will come together over the next several weeks to iron out the differences between the two versions, before settling on a single version, which must then be approved, once again, by both the House and Senate. [Source: DAV Legislative Bulletin FEB 05 & VFW Washington
Weekly 18 MAR 05]

PRE-TAX INSURANCE PREMIUMS: Senator John Warner (R-VA) and Congressman Tom Davis (R-VA) reintroduced bills (S. 484 and H.R. 994, respectively) that would let active and retired servicemembers and survivors pay TRICARE Prime enrollment fees, TRICARE Standard supplemental insurance premiums, and TRICARE dental premiums with pre-tax dollars. This measure also would allow federal retirees to pay Federal Employees Health Benefits Plan (FEHBP) premiums with these pre-tax dollars. This premium conversion plan deducts premiums from paychecks before federal and state income taxes are calculated. This saves the beneficiary anywhere from 25% to 40% of the premium cost in taxes. This benefit has been extended to current Federal employees who participate in FEHBP since 2000 and is already available to employees of the vast majority of large private sector firms. Premium conversion is an important benefit that if extended to annuitants would help lower their rising healthcare costs. It is also an equity issue, not just between active and retired employees but between military and federal civilian workers and between Federal and private sector workers. [Source: MOAA
Leg Up 4 MAR 05]

VA FEE PRESCRIPTION PLAN: Sen. Arlen Specter, R-Pa., thinks veterans would be willing to pay for the opportunity to have prescriptions filled at VA medical facilities. Specter, former chairman of the Senate Veteran's Affairs Committee proposes to allow Medicare-eligible veterans who are not otherwise eligible for VA health care and services to have prescriptions filled at VA pharmacies for a fee, the size of which is not yet determined. The idea is to expand the number of people who are benefiting from big drug discounts the VA has been able to negotiate with pharmaceutical companies. The average cost of drugs through the VA is 50% less than the average in national chain drugstores. The bill S.614 to create the new benefit was introduced on 14 MAR. Specter said he does not want the VA to incur any expenses for filling additional prescriptions because in a time of flat budgets, this would detract from care and services for disabled veterans. That is why he proposes to charge for filling prescriptions for veterans who are not eligible for VA care, through an enrollment fee, a copayment or even a straight charge for each prescription. VA is in a better position to decide how to charge for the drugs, as long as the end result is that veterans would get a break on the prices they would pay at a chain drug store. Those who would first benefit from this program are WW II and Korean War veterans who answered their country's call over 50 years ago. Specter pointed out that as they age, many desperately need relief from high drug price. He made a similar proposal two years ago, and it ended up being adopted in JUN 04 by the Senate Veterans' Affairs Committee on a 10-5 vote. The bill, however, never advanced to the Senate floor, in part because of opposition from drug manufacturers who could lose money under the plan. [Source: NavyTimes staff writer Rick Maze article 15 MAR 05]

RECORDS ACCESS CHANGE FOR AIR FORCE: Newly separated or retired Airmen no longer have to wait several months to receive requested copies of certain records due to a recent change on how the Air Force maintains personnel records. The 49-year-old practice of sending nearly 5,500 personnel records each month to the National Personnel Records Center (NPRC) in St Louis, Mo. ended FEB 05. This will reduce the annual growth in cost to the Air Force of maintaining them there and is another step in the effort to make Air Force personnel records available online anytime. At present the Air Force pays around $8 million a year to maintain records at NPRC. Former active-duty Airmen who retired or separated on or after 1 OCT 04 should now request copies of records such as DD Form 214s, performance reports and other information by writing or faxing: AFPC/DPFFCMP, 550 C St. West, Suite 19, Randolph AFB, TX 78150 Fax: Commercial (210)565-4021, DSN: 665-4021. Personnel requesting their own records need to send a signed note that includes their name, social security number, contact information and specific record requested. Those requesting a relative's record also need to provide their relationship to the former Airman. Former Guard and Reserve Airmen who retired or separated on or after 1 OCT 04 should write or fax HQ ARPC/PSDC, 6760 E. Irvington Place, Suite 4000, Denver, CO 80280 Fax (303) 676-7071 DSN 926-7071. Those who retired or separated before 1 OCT 04 can visit the NPRC Web site www.archives.gov/facilities/mo/st_louis.html for record request instructions. This change does not affect the disposition of medical and dental records which will still be stored permanently at the NPRC.

There is no plan to retrieve the existing personnel records at NPRC and place them into ARMS. Converting the records from paper to electronic allows permanent electronic storage and an additional backup version of each record. Before this change, the paper copy that went to the NPRC was the only copy of a person's record. With the change there are two e-versions in separate locations. The new system's backups are approved by the National Archivist, head of the National Archives and Records Administration, the federal agency responsible for preserving our nation's history. From 1971-1994, AFPC destroyed the original copies of individual master personnel records because a microfilm copy was attached to the Unit Personnel Record Group that was forwarded to the NPRC. When the first electronic record storage system started in 1995, AFPC began storing paper copies of master personnel records again because the new system didn't provide a backup like the microfilm did. The new ARMS' backup systems allow the Air Force to return to the practice of eliminating the paper versions of records. For more information those who served or are currently serving as active duty members can call the Air Force Personnel Contact Center more information at (800)616-3775, commercial (210)565-5000 or DSN: 665-5000. Those who served or are serving in the Air National Guard or Reserve can call the Air Reserve Personnel Center at (800)525-0102. [Source: Air Force Retiree News 17 MAR 05]

COMMISSARY UPDATE 03: In spite of congressional action last year to retain separate military exchange and commissary systems, the Congressional Budget Office has surfaced the idea again of merging the systems. Under one option the Army and Air Force Exchange Service, the Navy Exchange Command, and the Marine Corps Exchange system would be merged, and under another the exchanges and the commissaries would be combined. The second would eliminate $900 million in subsidies and reduce service families' savings over off-base prices from 30% to 20%. To compensate, a tax-free grocery allowance of $500 per year would go to active duty members, thus committing drilling reservists and retirees to unequal access. A fuzzy

area is service allocation of morale, welfare and recreation funding. The Navy and Marines have objected to merger in the past, and retiree organizations are bound to reject the idea again. [Source: Air Force Retiree News 18 MAR 05]

TRICARE RESERVE SELECT RULES: On 16 MAR 05 the Defense Department issued new rules for TRICARE Reserve Select (TRS), its new health coverage plan for eligible members of the Selected Reserve (members of the National Guard or Reserve components who regularly train). TRS health coverage is available to Guard and Reserve servicemembers who are serving or have served on active duty on or after 11 SEP 01 who agree to remain in the drilling reserves after they are demobilized. To be eligible for the TRS benefit, a servicemember must:

1. Serve 90 days or more continuous active duty in a contingency operation
2. Agree to serve one year in the Selected Reserve for each 90 day period of coverage.
3. Be qualified for continued service in the Selected Reserve (i.e. there must also be a billet available for the entire time period).
4. If released from active duty on or before 26 APR 05, sign a TRS agreement before 28 OCT 05.
5. If still serving on active duty after the 26 APR 05 implementation date, sign a TRS agreement prior to release from active duty.
6. Forfeit TRS eligibility if an Individual Ready Reserve (IRR) member who is mobilized and returns to IRR status post mobilization.
7. Commit to Selected Reserve service after mobilization if a Gray-area Reservists called out of retirement.
8. Agree to remain in the Selected Reserve for the duration of TRS coverage.

Each 90 days of deployment earns eligibility for one year of TRS coverage. (Note: If remobilized the clock stops ticking. Upon return must forfeit previous time earned and accept coverage eligibility for time of most recent mobilization -- no matter how many years of future service the member agrees to). Note: National Guard members who complete 90 or more days "homeland security" duty under Title 32 as requested by the President are not eligible to purchase TRS.

The TRS benefit structure is similar to the active duty TRICARE Standard health plan coverage with the same deductibles ($150 single/$300 family), 20% copay for inpatient and outpatient care, $3/$9 pharmacy copays for generic/brand name drugs, and a $1,000 out-of-pocket limit on deductibles and copays. Special TRICARE programs not part of TRS include the Supplemental Health Care Program, the Extended Health Care Option (ECHO) program, and the Special Supplemental Food Program (also known as the Women, Infants, and Children--Overseas Program). TRS coverage for members and covered family members will terminate at the end of the Service agreement, or sooner if the member separates from the Selected Reserve, voluntarily disenrolls from the TRS Program, or fails to pay the monthly TRS premiums. For more information about TRS benefits and program limits, visit the TRICARE Web site at www.tricare.osd.mil/reserve or contact your regional TRICARE contractor at www.tricare.osd.mil .

One big difference from the active duty program is that drilling Guard and Reserve members would pay a premium for the coverage when they are not on active duty. The new DoD rule specifies the TRS premium amounts for the first time. By law, the

premiums are set at 28% of the government cost of the coverage. For calendar year 2005, monthly premiums are self-only coverage $75 ($900 annually) & self and family coverage $233 ($2,796 annually). A copy of the new TRS rules is available on the web at:
http://a257.g.akamaitech.net/7/257/2422/01jan20051800/edocket.access.gpo.gov/2005/05-5219.htm

Individuals or organizations wishing to provide formal comments on the proposed TRS rule must do so no later than 16 MAY 05. Comments must be in writing, mailed o: TRICARE Management Activity, TRICARE Operations/Strategic Initiatives Division, Skyline 5, Suite 810, 5111 Leesburg Pike, Falls Church, VA 22041-3206 ATTN: Jody Donehoo, Program Analyst. [Source: MOAA Leg Up 11 FEB & 18 MAR 05]

WELCOME HOME PACKAGE: Democrats have created a "Welcome Home" package promising extended health care, education benefits and $5,000 for the down payment on a home for returning troops. Rep. Rahm Emanuel, D-IL who prepared the package, said he is trying to come up with a modern version of the World War II-era GI Bill of Rights. The plan, aimed at active and reserve members who serve at least six consecutive months in Iraq or Afghanistan, builds on health care, education and housing benefits already in law. The veterans' home loan program, which current and separated service members can use to buy homes for little or no money down because the federal government guarantees their loans, would become even more generous by creating a $5,000 grant that returning combat veterans can use as a down payment. The GI Bill program, which gives up to $45,000 in benefits over a four-year period for college or vocational education, would expand for combat veterans to provide $75,000 in benefits for college or vocational training. The money also could be used to pay off existing student loans, something not currently allowed. Separating service members, active or reserve, who are unable to get health care coverage from an employer would be eligible to keep military health care benefits for up to five years for themselves and their families. Emanuel called his package a reward for heroism. The cost of the Welcome Home package is huge, which will be a large obstacle in getting the program passed. A formal cost estimate has not been prepared, but the $5,000 down payment for buying a home, which aides estimated to be the least costly of the three benefits improvements, would total $8.5 million if just half of those eligible used the money.

In the larger political war over benefits, Democrats on the House Veterans Affairs Committee have been trying to get extra money to improve veterans' benefits and have been looking at adding $3.4 billion (mostly for health care)to the 2006 Department of Veterans Affairs budget. Democrats on the committee also want modest increases in survivor pay for dependent children, burial benefits and plot allowances and increases in staffing so that benefits claims are processed more quickly. However, House Republican leaders have warned that money will be tight, and they generally have not endorsed major benefits upgrades because of Pentagon complaints that such actions could hurt other defense programs that are a higher priority for the war effort. [Source: NavyTimes staff writer Rick Maze article 21 MAR 05]

RESERVES ENLISTMENT AGE RAISED: The Army has raised the maximum age for Guard and Reserve recruits from 34 years to 39. The three year test adds 22.6 million potential enlistees. The Army will not relax physical standards for the older recruits, who

it said were valued for their maturity and patriotism. As of 28 FEB with only seven months remaining in the 2005 recruiting year, the Army Reserve was more than 10% short of its 2005 recruiting target, and the Guard was 24% behind its goal, according to Defense Department figures. A DoD spokesperson said it was possible after the three-year test ends in September 2008 that DoD would consider an even older enlistment age. In theory an individual could enlist, earn and receive full retirement at age 60 and skip being a gray area reservist. (Source: Armed Forces News 25 MAR 05)

TRICARE PHARMACY RATES UPDATE 01: For more than a year, the Defense Department has been developing procedures to implement new prescription formulary rules, including the establishment of a "non-formulary" category of drugs for which beneficiaries would pay a $22 copay. Currently TRICARE drug copays are $3 for generics and $9 for brand-name drugs. This week, DoD panels identified the first two drugs for which the higher copayment will be charged: Nexium (a medication for ulcers and other stomach problems) and Teveten (for high blood pressure). Under DoD rules, drugs will be placed in this non-formulary category only when a DoD Pharmacy and Therapeutics (P&T) Panel of physicians and pharmacists determines that other drugs in the same medication class are just as effective at substantially less cost. "Non-formulary" drugs would be available at the regular $9 copay only when DoD approves a determination by the beneficiary's doctor that it is medically necessary to prescribe that medication in the patient's case (because of adverse reactions to other drugs, for example). The recommendations of that panel are then reviewed by a Beneficiary Advisory Panel (BAP). The final decision is made by the Assistant Secretary of Defense (Health Affairs), after taking both panels' recommendations into consideration. In the interim patients now using either Nexium or Teveten may wish to consult with their doctors about the possibility of switching to equally effective but less-costly medications. If the provider can document medical necessity for these drugs, that may be an option. No action is needed pending a final determination by the assistant secretary, but beneficiaries and providers can check out the rules for medical necessity documentation by contacting Express-Scripts customer service at (866)363-8779 or www.tricare.osd.mil/pharmacy/trrx_contact.cfm.

For more details on the uniform Formulary visit
www.tricare.osd.mil/pharmacy/BAP/default.htm.
(Source: MOAA Leg Up 25 MAR 05)